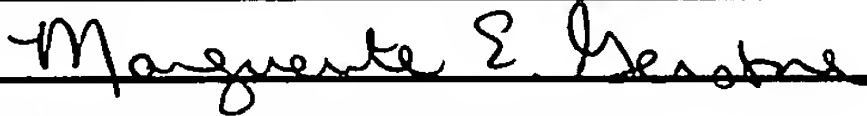
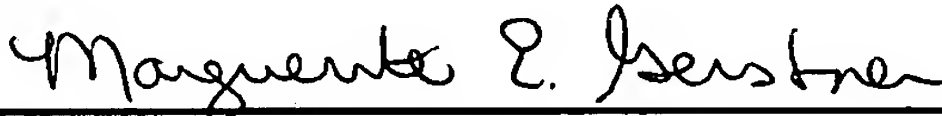


TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Complete if Known	
		Application Number	10/573,146
		Filing Date	March 22, 2006
		First Named Inventor	Koyama et al.
		Art Unit	Not yet known
Examiner Name		Not yet known	
Total Number of Pages in This Submission*	7	Attorney Docket No.	YH0022-US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (<i>in duplicate</i>) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard, Declaration, Supplemental Application Data Sheet
Remarks: (*Duplicate copy of Fee Transmittal for deposit account, Return Postcard and Cited Art, if any, are not counted in total number of pages in this submission.)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Tyco Electronics Corporation		
Signature			
Printed Name	Marguerite E. Gerstner		
Date	August 2, 2007	Reg. No.	32,695

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Marguerite E. Gerstner	Date	August 2, 2007

Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known	
		Application Number	10/573,146
		Filing Date	March 22, 2006
		First Named Inventor	Koyama et al.
		Examiner Name	Not yet known
		Art Unit	Not yet known
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	YH0022-US1
TOTAL AMOUNT OF PAYMENT		(\$ 130.00)	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>18-0560</u> Deposit Account Name: <u>Tyco Electronics Corporation</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING FEES		SEARCH FEES		EXAMINATION FEES			
		Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100	_____	
Design	200	100	100	50	130	65	_____	
Plant	200	100	300	150	160	80	_____	
Reissue	300	150	500	250	600	300	_____	
Provisional	200	100	0	0	0	0	_____	
2. EXCESS CLAIM FEES							Small Entity	
Fee Description							Fee (\$) Fee (\$)	
Each claim over 20 (including Reissues)							50 25	
Each independent claim over 3 (including Reissues)							200 100	
Multiple dependent claims							360 180	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							Multiple Dependent Claims	
_____ - 20 or HP = _____ x _____ = _____							Fee (\$) Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20							_____	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
_____ - 3 or HP = _____ x _____ = _____								
HP = highest number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof			Fee (\$)	Fee Paid (\$)		
_____ - 100 = _____	_____ / 50 = _____	_____ (round up to a whole number) x _____			_____ = _____	_____		
4. Other Fee(s)							Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)							N/A	
Other (e.g., late filing surcharge): <u>Late Filing of Declaration (no Notice of Missing Parts received)</u>							130.00	

SUBMITTED BY			
Signature	<u>Marguerite E. Gerstner</u>	Registration No. (Attorney/Agent)	Telephone
		32,695	650-361-2483
Name (Print/Type)	Marguerite E. Gerstner	Date August 2, 2007	

Certificate of Mailing (37 CFR 1.8)	
I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below:	
Date of deposit: <u>August 2, 2007</u>	Name (printed): <u>Marguerite E. Gerstner</u>
08/08/2007 AKAYPAGH 00000083 180560 10573146	
01 FC:1517	Signature: <u>130.00 DA Marguerite E. Gerstner</u>